

\_\_\_\_\_  
\_\_\_\_\_  
(Name and address of the institute/Hospital)

Certificate No \_\_\_\_\_ Date \_\_\_\_\_

**Disability Certificate**

Recent Photograph of  
the candidate  
showing the disability,  
duly attested by the  
Chairperson of the  
Medical Board

1. This is certified that Shri/Smt/ Kum \_\_\_\_\_ Son/ Wife/  
Daughter of Shri \_\_\_\_\_ age \_\_\_\_\_ is suffering  
from permanent disability of following category:-

**A. Locomotors or cerebral palsy :**

- (i) BL- Both legs affected but not arms.
- (ii) BA- Both arms affected. (a) Impaired reach  
(b) Weakness of grip
- (iii) BLA- Both legs and both arms affected.
- (iv) OL- One leg affected (right or left) (a) Impaired reach.  
(b) Weakness of grip  
(c) Ataxic
- (v) OA- One arm affected (a) impaired reach  
(b) Weakness of grip  
(c) Ataxic
- (vi) BH- Stiff back and hips (Cannot sit or stoop)
- (vii) MW- Muscular weakness and limited physical endurance.

**B. Blindness or Low Vision:**

- (i) B- Blind
- (ii) PB- Partially Blind

**C. Hearing impairment:**

- (i) D- Deaf.
- (ii) PD- Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/ non-progressive/likely to improve/ not likely to improve. Re-assessment of the case is not recommended/ is recommended after a period of \_\_\_\_\_ years \_\_\_\_\_ months.

3. Percentage of disability in his/ her case is \_\_\_\_\_ per cent.

4. Shri/Smt/Kum \_\_\_\_\_ meets the following physical requirement for discharge of his/ her duties:-

- |        |   |        |
|--------|---|--------|
| (i)    | F- can perform work by manipulating with fingers. | Yes/No |
| (ii)   | PP- can perform work by pulling and pushing.      | Yes/No |
| (iii)  | L- can perform work by lifting.                   | Yes/No |
| (iv)   | KC- can perform work by kneeling and crouching.   | Yes/No |
| (v)    | B- can perform work by bending.                   | Yes/No |
| (vi)   | S- can perform work by sitting                    | Yes/No |
| (vii)  | ST- can perform work by standing.                 | Yes/No |
| (viii) | W- can perform work by walking.                   | Yes/No |
| (ix)   | SE- can perform work by seeing                    | Yes/No |
| (x)    | H- can perform work by hearing/speaking.          | Yes/No |
| (xi)   | RW- can perform work by reading and writing.      | Yes/No |

(Dr \_\_\_\_\_ )  
Member  
Medical Board

(Dr \_\_\_\_\_ )  
Member  
Medical Board

(Dr \_\_\_\_\_ )  
Member  
Medical Board

Countersigned by the Medical  
Superintendent/CMD/Head of  
the Hospital (with seal)